

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. NO. 181

Township.....

Primary Registration District No. 1087

City St. Louis (No. City Hospital # 2)

File No. 28119

Registered No. 8290

St. Ward)

2. FULL NAME Willie Douglas

(a) Residence, No. 3021 Adams St. 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Charles Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Wk. 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT T. J. Green (ADDRESS) Deputy Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Pottersfield DATE Sept 15 1932

19. UNDERTAKER (ADDRESS) Pinkie Jones
3129 Euclid Ave

20. FILED SEP 15 1932 W. C. Haney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia following abortion
145 Whether criminal or
31 Other contributory causes of importance:
accidental could not be ascertained.

Name of operation 140 Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? For Indict Date of injury that, 19.....

Where did injury occur? Unknown

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Unknown

Manner of injury abortion

Nature of injury Septicemia

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) T. J. Green, M.D.

(Address) St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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